



Nicholls State University

Purchasing Office

P. O. Box 2052 – Thibodaux, LA 70310
985.448.4038 – Fax: 985.448.4921

**ADDENDUM NO 1
FOR
NICHOLLS STATE UNIVERSITY
THIBODAUX, LOUISIANA
04/28/2021**

PAGE 1 OF 2

SB01826 – Cleaning of Residence Halls

Bid Due at 3:00 PM on 05/05/2021

Purpose of Addendum: Answer questions received

- 1) Are we allowed to sign a waiver if the company does not carry auto insurance:

A: Auto insurance is required for a company owned vehicle or a company rented/borrowed vehicle. Should a company not have owned or rented/borrowed autos, then a revised indemnification will need to be signed by the company, and possibly each staff member driving to campus may have to sign a waiver.
- 2) Window Shades - How detail of a clean is required. Should we take down the blinds to wash them or is a wipe down will be acceptable?

A: Blinds should not be taken down. They should be wiped down thoroughly on both sides to remove stains and dust.
- 3) Can you provide a template of the certificate of insurance to make sure the contractor insurance reads correctly?

A: Sample certificate of insurance is included with this addendum.
- 4) Please clarify the 15 manpower requirements. It states on the verification of staff page, "Bidder shall state it company employs the minimum number of staff (15) expected by the University." Do we need to show that we employ the minimum number of 15 staff or do we need to have 15 employees on-site at all times? The word choice can confuse bidders, which you may see high bids come in to afford that manpower or low bids because it's not mandatory to have 15 employees on-site at all times.

A: It is mandatory to have 15 staff members on site to perform the work as per page 5 of the bid form provides the word "Minimum ". We are requesting that 15 employees be on campus while work is being performed. More than 15 employees may be required to meet deadlines but this is at the discretion of the contractor.
- 5) How is the school verifying the labor force during the bid evaluation process?

A) Page 5 of 5 of the bid form requires the bidder to provides an acknowledgement that they employ the sufficient minimum staff of 15 people to do the work as per the requirements of the specifications. Should the contractor awarded the bid not provide the minimum sufficient staff, the University has the right to cancel the contract and award to the next lowest bidder as the acknowledgement of the minimum sufficient staff will be used as a factor in determining bid award.

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PAGE 2 OF 2

SB01826 – Cleaning of Residence Halls

6) How will the school be verifying labor force numbers once project work begins?

A: University staff members will be doing periodic checks of the work being performed and the contracted employees present.

7) Are you requesting references for jobs completed of similar size?

A: No

8) Will there be a secure area in the residence halls (all or some) where we can stage equipment, supplies, etc.?

A: We do have meeting rooms that can be used for temporary storage of supplies while work is being performed in that building. Once the building is complete, supplies must be removed. The only exception to this is the Brady Apartment complex.

9) Will there be residence staff on site each day to verify the completion of rooms?

A: There will be a staff member dedicated to checking rooms and providing touch-up lists Monday-Friday, 8:00-4:30. Evening and weekend availability will only occur in the event that a deadline warrants it and on a limited basis.

10) The cleaning schedule notes, "After initial cleaning, shower curtains, toilet paper, and trash cans should remain in room."; should these items be disposed of after the first clean?

A: During the initial clean, all items left in the room should be disposed of as they are considered abandoned from the student who previously lived there. After the initial clean has occurred, Residential Living staff will outfit each room with a shower curtain, trash can, and toilet paper. These items should remain throughout the summer as they are University property.

11) Are there restrictions on times that the units can be cleaned during the turns?

A: It is preferred that cleaning take place during typical office hours, Monday-Friday, 7:00-4:30. We are aware that this may not always be possible and will work with the awarded bidder to schedule the unlocking of doors when needed and necessary.

RECEIPT OF ADDENDUM SHOULD BE ACKNOWLEDGED WITH THE RESPONSE TO THE BID. PROVIDING A COPY OF THE ADDENDA WITH YOUR BID FORM IS AN ACCEPTABLE METHOD OF ACKNOWLEDGING RECEIPT OF ADDENDA. FAILURE TO ACKNOWLEDGE ADDENDA MAY BE CAUSE FOR BID NOT TO BE CONSIDERED.



Terry G. Dupre
Director of Purchasing, Property Control
and Support Services Administration



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/01/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER URProtected Insurance Agency Address, City, State, Zip Telephone: Fax:	CONTACT NAME: Agent Name PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A:</td><td>Lexington Insurance Co.</td><td>(AM Best A, XV)</td><td>NAIC #</td></tr><tr><td>INSURER B:</td><td>Liberty Mutual Insurance Co.</td><td>(AM Best A, XV)</td><td>23043</td></tr><tr><td>INSURER C:</td><td></td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td><td></td></tr></table>	INSURER A:	Lexington Insurance Co.	(AM Best A, XV)	NAIC #	INSURER B:	Liberty Mutual Insurance Co.	(AM Best A, XV)	23043	INSURER C:				INSURER D:				INSURER E:				INSURER F:			
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INSURER E:																									
INSURER F:																									
INSURED American Contracting Co. dba AAA Maintenance & Repair 152 East Main Street, Suite 100 Atlanta, GA 30307																									

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CGL123456	01/01/2015	01/01/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC22446688	07/01/2015	07/01/2016	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is added as additional insured as afforded in the written contract and endorsed on the General Liability, Automobile, and Umbrella policies listed above.

CERTIFICATE HOLDER

CANCELLATION

State of Louisiana Agency Name, Its Officers, Agents, Employees and Volunteers Address City, State, Zip Project/Contract # 12345678-AA-09	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John T. Smith (signature stamp)
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